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SUBJECT: THE STATE OF HIV/AIDS IN NIGERIA AS OF DEC. 2005

REF: ABUJA 209

**¶1.** Summary: This cable evaluates broadly HIV/AIDS' impact on Nigerians and their institutions. Roughly 4 million (UNAIDS, 2003) of the nation's 130 million people (PRB, 2002) are infected with HIV/AIDS, reflecting a national HIV/AIDS infection rate of 5% (NPS, 2003). Nigeria had at least 2.4 million HIV-positive workers in 2003. (ILO, 2004) Although senior Nigerian officials are committed to combating HIV/AIDS, the sense of urgency to do something about it diminishes increasingly down the Nigerian bureaucratic ladder. HIV/AIDS has the potential to further destabilize Nigeria, where about 85 million Nigerians try to survive on less than USD 1 per day. Most of Nigeria's economic activity occurs in the informal sector, which does not provide health and death benefits, so HIV/AIDS harms the poorest Nigerians disproportionately. Despite some recent improvements in performance, Nigeria's ineffectiveness in using Global Fund money to fight HIV/AIDS causes the U.S. Mission Nigeria considerable concern, and deeper structural changes to the fund's Nigerian partners are needed. Because the GON nonetheless recognizes the threat and values its partnership with the United States, our common effort to combat HIV/AIDS is strengthening our bilateral relationship. End summary.

**¶2.** This is the second of Embassy Abuja's twice-yearly cables on the effects of HIV/AIDS on Nigerians and the Nigerian economy. This cable seeks to evaluate broadly HIV/AIDS' impact on Nigeria's institutions and society. Statistics on HIV and AIDS in Nigeria are fragmentary and not always up to date. Nigeria's National HIV Sero-Prevalence Survey estimated the national rate of HIV/AIDS infection in 2003 to be 5%. (NPS, 2003) This 5% infection rate means roughly 4 million adults aged 15-49 (UNAIDS, 2003) of Nigeria's approximately 130 million citizens and residents (Population Reference Bureau, 2002) have HIV or AIDS. In 2003, 310,000 Nigerian adults and children died of AIDS. (IMF, "The Macroeconomics of HIV/AIDS," Nov. 2004) Nigeria then had 7 million orphans - who comprised 10.1% of its children - and that same year, it had 1.8 million AIDS orphans. (IMF, Nov. 2004) Because of HIV and AIDS, UNICEF predicts Nigeria's orphans will increase rapidly to 8.2 million by 2010. (UNICEF, 2005)

**¶3.** Nigeria's youth bulge - 63% of its population is under age 25 (Nigeria Demographic and Health Survey, 2003) - makes the threat of HIV/AIDS very significant. The country's highest prevalence of HIV, 5.6%, is found among its 20 to 24 age group. (NPS, 2003) Unless there is sustained action to target and protect this age group, a significantly larger wave of HIV/AIDS likely will result. In May 2005, Nigeria launched a new drive to improve its blood-bank system and stem the spread of HIV through contaminated blood. At that time, the director of the U.S. charity Safe Blood for Africa said roughly 10% of 1 million samples of blood tested in Nigeria, taken largely from adults, were contaminated with HIV. (UN Office for the Coordination of Humanitarian

Affairs, 2005)

¶ 14. A Nigerian child born today can expect to live 49 years, according to DHS, 2003 data. Also using 2003 statistics, however, the UN Development Program calculates that a Nigerian's life expectancy at birth in 2003 was only 43.4 years (UN Human Development Report, 2005) - and this figure likely is falling. The IMF estimated that deaths of adults (ages 15 to 49) excluding AIDS will make up 17% of all deaths in Nigeria in 2005; the inclusion of Nigerian adults' deaths from AIDS will boost this figure to 27%. (IMF, Nov. 2004) In demonstrating how harsh daily life is in Nigeria, the International Labor Organization (ILO) estimated in 2004 that of a projected 2005 population of 130 million, that fewer than 4.1 million of these persons would live to at least age 65. (ILO, "HIV/AIDS and Work," 2004) (Note: This ILO population projection is about 10 million shy of our current estimate, which is based on data compiled by the Population Reference Bureau.)

¶ 15. By the end of 2003, Nigeria had at least 2.4 million HIV-positive people aged 15 to 64 in its labor force - with "labor force" defined as all persons who are economically active, including all persons of working age who are in paid employment, gainful self-employment, or unemployed but available for and seeking work. (ILO, 2004) The ILO estimated that Nigerians who will have died from AIDS during 1995 to 2005 will equal 3% of Nigeria's cumulative total labor force during that decade. (ILO, 2004) Because most of Nigeria's economic activity occurs in the informal sector, which does not provide health and death benefits, HIV/AIDS harms the poorest Nigerians disproportionately in economic terms.

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¶ 16. HIV/AIDS has the potential to further destabilize Nigeria, where government and services infrastructures already have broken down and where about 85 million Nigerians try to survive on less than USD 1 per day. HIV/AIDS poses a significant threat particularly to Nigeria's urban elite, who because of their mobility and behavior are more likely to be infected. The urban elite are relatively young, in their economic prime, and better educated than the average Nigerian. The consequences of these shortened lives and careers include fewer leaders in Nigeria's society and economy, declining productivity, greater costs of production, and decreased household income and opportunities for education. (IMF, Nov. 2004) While it is difficult to quantify precisely HIV/AIDS' economic cost to Nigeria, the disease's effects reduce Nigeria's human and physical capital. As spending shifts toward HIV/AIDS-related activities, aggregate saving is likely to fall, leaving fewer resources for investment. (IMF, Nov. 2004)

¶ 17. Senior Government of Nigeria (GON) officials are realistic about the threat HIV/AIDS poses. President Obasanjo personally lent his support by speaking on World AIDS Day at the December 2004 launch of the (U.S.) President's Emergency Plan for AIDS Relief (PEPFAR), and he launched on World AIDS Day in December 2005 the "Operation Heart to Heart" campaign for persons suffering from HIV/AIDS. There is strong Nigerian public support for the Emergency Plan, as well as close coordination between the GON Ministries of Health and Defense and the U.S. Mission, including officials at USAID, the Department of Defense (DOD), and the Centers for Disease Control. U.S. Ambassador Campbell and Nigeria's minister of health co-chair a biweekly steering committee on the issue of HIV/AIDS in Nigeria, while the Nigerian minister of state for defense has made HIV/AIDS prevention a priority. PEPFAR has stimulated the Nigerian Ministry of Defense's (MOD) HIV program and the formation of the MOD-U.S. DOD HIV Program Steering Committee. The committee is co-chaired by Ambassador Campbell and the Nigerian minister of state for defense, and oversees PEPFAR's policy and implementation in

the Nigerian military. Nigeria's military HIV program has begun operating at four locations and has enrolled more than 300 persons for treatment. This program is open to the civilian community surrounding these hospitals, but this could place great strain on the system's staffing, which is generally understrength.

¶8. The Nigerian military's HIV prevalence rate is unknown but is estimated at between 5 and 10%, according to several small studies conducted in recent years. All potential recruits are supposed to be tested for HIV before being accepted for service, but the Nigerian military maintains little data on this subject and carries out no confirmatory testing. Unlike the U.S. armed forces, the Nigerian military does not continue mandatory in-service HIV testing for its personnel - though the advent of free testing and treatment has strengthened the concept of testing and tempered the Nigerian military's objections to instituting anonymous mass testing. The Nigerian Air Force has mandatory HIV testing only for air crew members on flight status. All military personnel seeking to serve outside Nigeria on peacekeeping operations are supposed to be tested for HIV, both before and after their deployment - but these test results generally are unavailable even to the Nigerian military's medical commands and to its Armed Forces Program on AIDS Control.

¶9. Despite the commitment at the senior level of the GON to combating HIV/AIDS in Nigeria, government personnel's awareness of the extent of this disease diminishes increasingly down the Nigerian bureaucratic ladder. Nigerian officials occasionally express complacency over Nigeria's success in capping the nation's infection rate at "only" 5% - especially compared to other African countries' significantly higher rates. Moreover, AIDS' serious threat to Nigeria is relatively abstract to the typical Nigerian. Many Nigerian institutions and a large percentage of Nigerian society still engage in denial of the damage wreaked by the disease, in large part because of HIV/AIDS' stigma in Nigerian society. Unlike in Uganda, where AIDS has been widespread, only 25% of Nigerians report knowing someone who has AIDS or who died from it. (Nigeria National HIV/AIDS and Reproductive Health Survey, 2003) Nigerians facing death from AIDS generally leave the city and return to their village. The weakened AIDS sufferers usually die from malaria or tuberculosis (TB), which is attributed as the cause of death rather than AIDS.

¶10. In fiscal year (FY) 2006, U.S. Government (USG) funding in Nigeria for PEPFAR is about USD 163 million. Under the Office of the U.S. Global AIDS Coordinator and Ambassador Campbell, five USG agencies work collaboratively, including

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with Nigerian and international entities, to implement the Emergency Plan through sustainable prevention, care, and treatment programs. As of the end of September 2005, the USG directly supported 18,885 individuals on antiretroviral therapy (ART) in the nine focus states of Anambra, Borno, Cross-River, Edo, Kano, Lagos, Oyo, Plateau, and the Federal Capital Territory. Also as of September 2005, the USG was rapidly increasing the ART services its partners offer to meet its target of having 36,222 individuals on ART by March ¶2006. Currently, 447 USG-supported HIV-prevention programs target at-risk individuals. In FY2005, about 67,925 patients received basic health care and support at 128 USG-sponsored service outlets. More than 98,000 clients have received counseling and testing in facilities supported by the Emergency Plan.

¶11. Nigeria's ineffectiveness in using Global Fund money to fight HIV/AIDS has caused considerable concern in the U.S. Mission Nigeria. The Global Fund for AIDS, Tuberculosis, and Malaria grant program in Nigeria is plagued by slow implementation and weak management by one of its principal recipients, Nigeria's National Action Committee on AIDS

(NACA), as well as by the country coordination mechanism (CCM). The Global Fund in Nigeria works through the CCM, which develops and submits grant proposals to the Global Fund, then oversees program implementation. A lack of results, coupled with the lack of reform and proper oversight by the CCM, in December 2005 nearly cost Nigeria HIV/AIDS grants totaling almost USD 43 million. While this funding ultimately was not canceled, the U.S. Mission Nigeria remains concerned that despite some progress made from July to December, NACA and the CCM need deeper structural changes to ensure that Global Fund money is well managed and that desired results are achieved in Nigeria.

¶12. The GON fully recognizes the threat of HIV/AIDS. It values its partnership with the United States and U.S. cooperation on the HIV/AIDS issue. Our partnership in combating HIV/AIDS is strengthening our bilateral relationship.

¶13. This cable was reviewed by Embassy Abuja's Economic Section, its Office of Defense Cooperation, and by USAID Abuja.

CAMPBELL